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September 3, 2013

VIA FEDERAL EXPRESS

Kathy J. Olson, Chair Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor Springfield, Illinois 62761 RECEIVED

SEP 0 4 2013

HEALTH FACILITIES & SERVICES REVIEW BOARD

Re: Centegra Hospital – Huntley (Project # 10-090)

Dear Chair and Board Members:

Once again, the Illinois Health Facilities and Services Review Board ("Board") has before it Centegra's application to build a large hospital in Huntley, Illinois. The Board first denied the application, and then approved it despite the adverse impact the new Huntley hospital will have on neighboring hospitals.

Centegra's application makes several critical assumptions about projected bed need and population in Planning Area A-10. Centegra assumed that Planning Area A-10 would need 104 more Medical-Surgical/Pediatric beds by mid-2018 and 27 more Obstetric beds by 2015. (Centegra Application Attachment12, p.5, R. 105) Rather than rely on real population figures, Centegra assumed that the population in Area A-10 by 2015 would be 377,310. Centegra leveraged those assumptions to justify its quest for a new hospital and to minimize the effect the new hospital would have on neighboring hospitals.

Those key assumptions are wrong. The Department of Health and the Board just released the 2013 Inventory of Health Care Facilities and Services and Needs Determinations ("Inventory"), confirming that Centegra's assumptions are wrong. (Exhibit A) The 2015 population in Area A-10 is projected to be 309,310, not the 377,310 projection relied upon by Centegra. (Inventory p. A-20) As a result, the projected bed need for Area A-10 falls far short of the bed need Centegra used to justify its application. Contrary to Centegra's application, if the hospital in Huntley were built, it would result in an *excess* of 40 Medical-Surgical/Pediatric beds and an *excess* of 12 Obstetric beds in Planning Area A-10 by 2015. (Inventory pp. A-20 and B-15)

The adverse impact of Centegra's erroneous assumptions on health care in Northern Illinois would be stark. Centegra claimed in its application that the population growth in Area A-10 would replace patients existing hospitals would lose to the new Huntley hospital. (See December 19, 2010 Market Assessment and Impact Study of Centegra Hospital – Huntley, Submitted by

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Centegra, pp. 2-7) The Inventory makes clear that growth will not occur to the levels erroneously projected by Centegra. As a result, if the new hospital in Huntley were built, it would create an excess of beds in Area A-10 (in violation of the Board's review criteria) and drain patients away from existing providers.

When Centegra's application was previously before the Board, objectors challenged Centegra's assumptions about population growth and bed need. (*See* May 24, 2011 Market Assessment and Impact Study, Submitted by Sherman Hospital, St. Alexius Medical Center, and Advocate Good Shepherd Hospital, pp. 10-12) Those challenges have been substantiated by the Board's Inventory.

The Board has changed its mind about Centegra's application before, and it must do so again. Centegra's application is based on projections about population growth and bed need that have been demonstrated to be false. The bed levels Centegra wants to add to Area A-10 are simply not needed in the quantities sought by Centegra. The patients who will abandon existing hospitals for the new Huntley hospital will not be adequately replaced by new arrivals to the area, because those people are not coming in the levels incorrectly projected by Centegra.

The fact is that Centegra's application is based on a population projection which overstates the expected population growth by more than 20 %. 1 out of 5 of the people whom Centegra predicted would move to Area A-10, and who Centegra argued would make up for the loss of patients existing hospitals would suffer, are not moving into Area A-10. The Board should not approve a new hospital which would create such a significant excess bed capacity.

Sincerely,

Steven H. Hoeft, P.C

cc: Daniel Lawler, Aaron Shepley, Barnes & Thornburg

Michael Martin, Dunn, Martin, Miller & Heathcock, Ltd.

Diane Moshman, Illinois Attorney General Office

Joe Ourth, Hal Morris, Elizabeth Thompson, Arnstein & Lehr

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Illinois Department of Public Health Illinois Health Facilities and Services Review Board

8/14/2013

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS 2013

HOSPITAL SERVICES

Illinois Department of Public Health Illinois Health Facilities and Services Review Board

8/14/2013

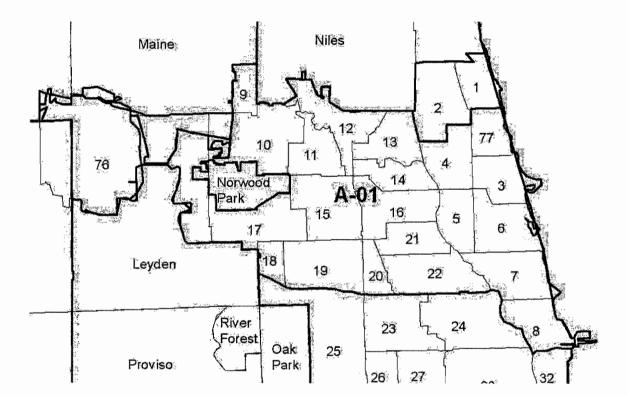
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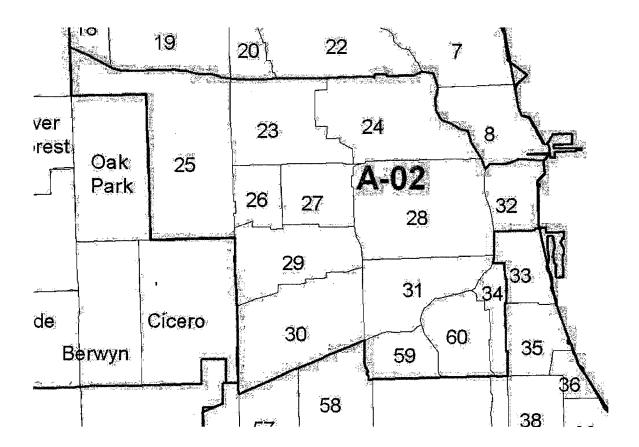
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40 planning areas have been designated by the Health Facilities and Services Review Board for the Medical-Surgical and Pediatric, Obstetric and Intensive Care categories of service. Detailed descriptions and maps of each of these planning areas are presented below:

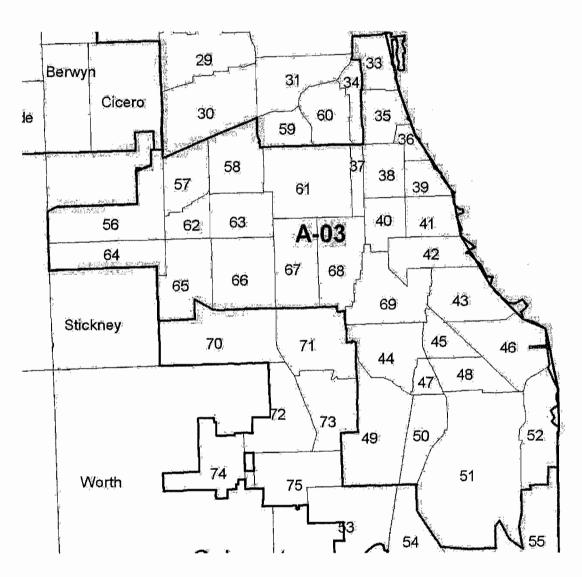
- 1) Region A (comprised of Health Service Areas 6, 7, 8 and 9)
 - A) Planning Area A-1: City of Chicago Community Areas of Uptown (3), Lincoln Square (4), North Center (5), Lakeview (6), Lincoln Park (7), Near North Side (8), Edison Park (9), Norwood Park (10), Jefferson Park (11), Forest Glen (12), North Park (13), Albany Park (14), Portage Park (15), Irving Park (16), Dunning (17), Montclare (18), Belmont Cragin (19), Hermosa (20), Avondale (21), Logan Square (22), O'Hare (76) and Edgewater (77).



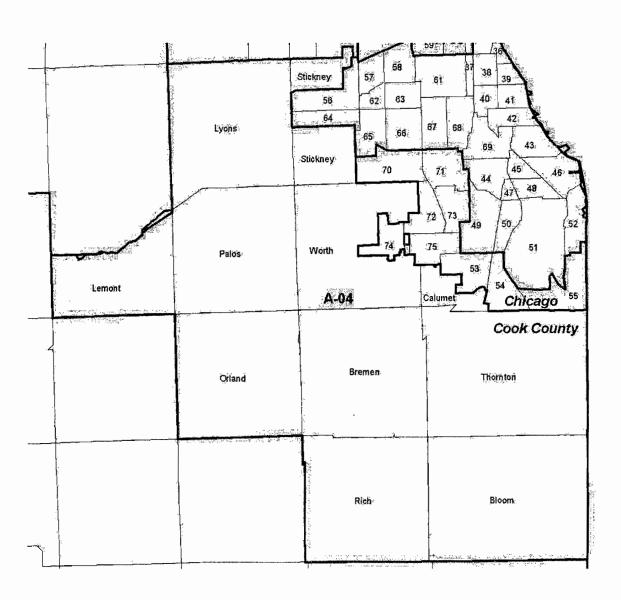
B) Planning Area A-2: City of Chicago Community Areas of Humboldt Park (23), West Town (24), Austin (25), West Garfield Park (26), East Garfield Park (27), Near West Side (28), North Lawndale (29), South Lawndale (30), Lower West Side (31), Loop (32), Armour Square (34), McKinley Park (59) and Bridgeport (60).



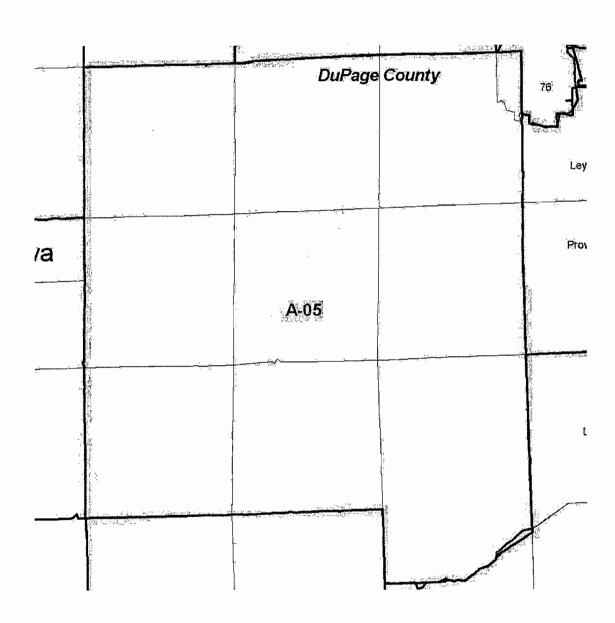
C) Planning Area A-3: City of Chicago Community Areas of Near South Side (33), Douglas (35), Oakland (36), Fuller Park (37), Grand Boulevard (38), Kenwood (39), Washington Park (40), Hyde Park (41), Woodlawn (42), South Shore (43), Chatham (44), Avalon Park (45), South Chicago (46), Burnside (47), Calumet Heights (48), Roseland (49), Pullman (50), South Deering (51), East Side (52), Garfield Ridge (56), Archer Heights (57), Brighton Park (58), New City (61), West Elsdon (62), Gage Park (63), Clearing (64), West Lawn (65), Chicago Lawn (66), West Englewood (67), Englewood (68), and Greater Grand Crossing (69).



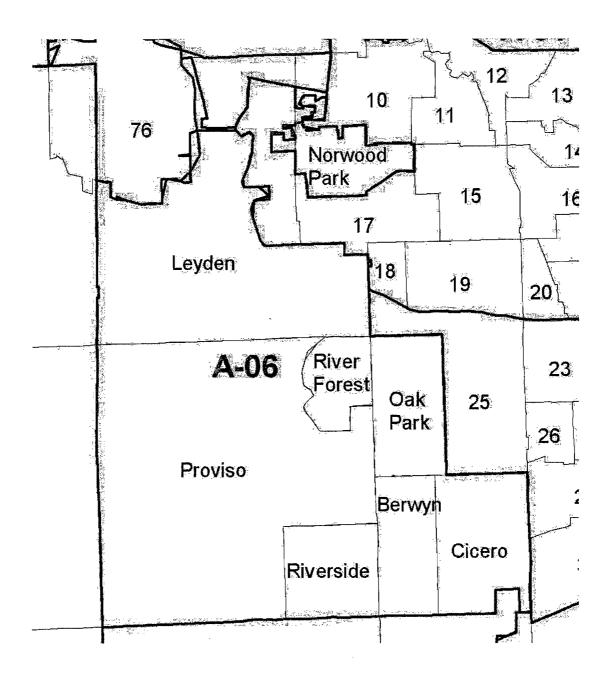
D) Planning Area A-4: City of Chicago Community Areas of West Pullman (53), Riverdale (54), Hegewisch (55), Ashburn (70), Auburn Gresham (71), Beverly (72), Washington Heights (73), Mount Greenwood (74), and Morgan Park (75); Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom.



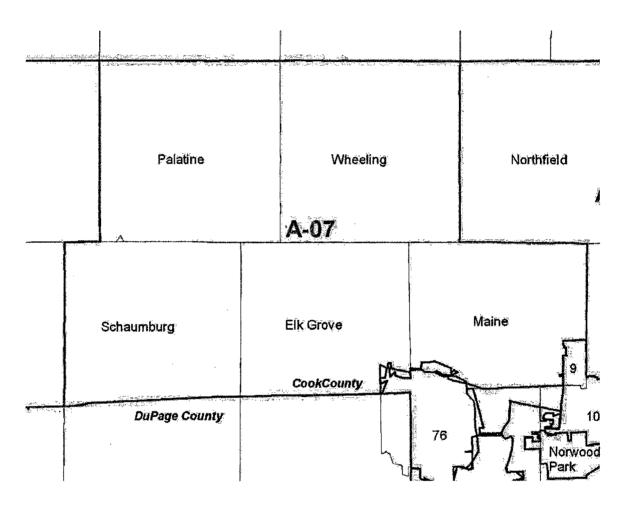
E) Planning Area A-5: DuPage County.



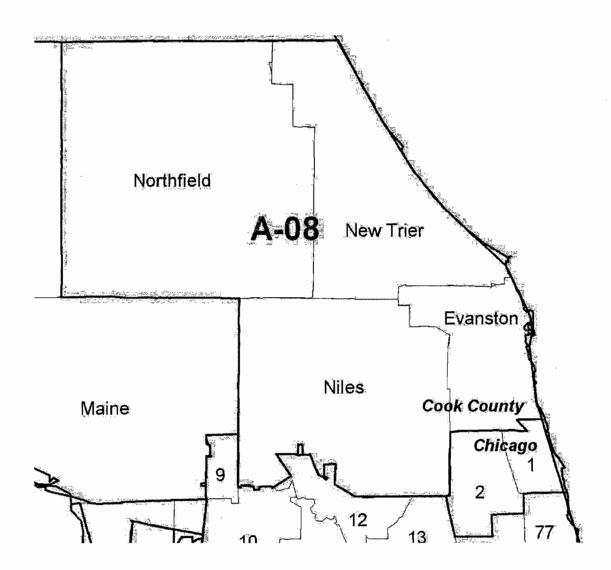
F) Planning Area A-6: Cook County Townships of River Forest, Oak Park, Cicero, Berwyn, Riverside, Proviso, Leyden and Norwood Park.



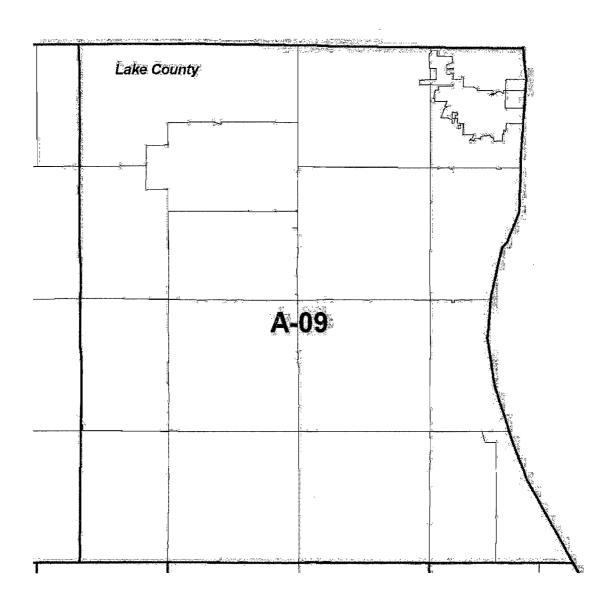
G) Planning Area A-7: Cook County Townships of Maine, Elk Grove, Schaumburg, Palatine and Wheeling.



H) Planning Area A-8: City of Chicago Community Areas of Rogers Park (1) and West Ridge (2); Cook County Townships of Northfield, New Trier, Niles and Evanston.

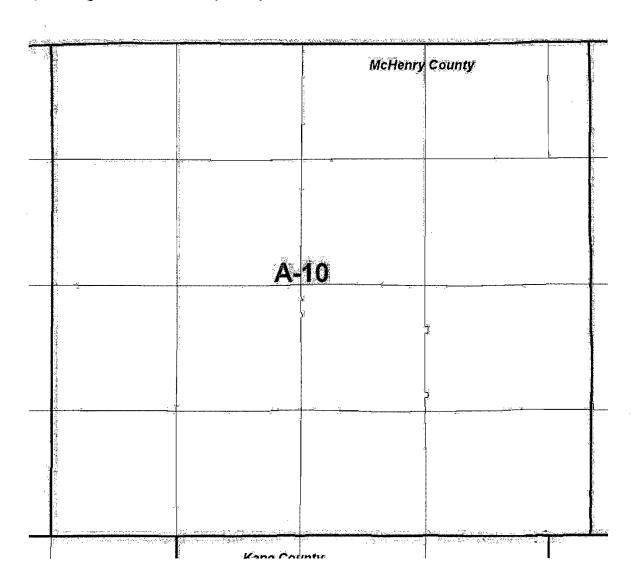


I) Planning Area A-9: Lake County.

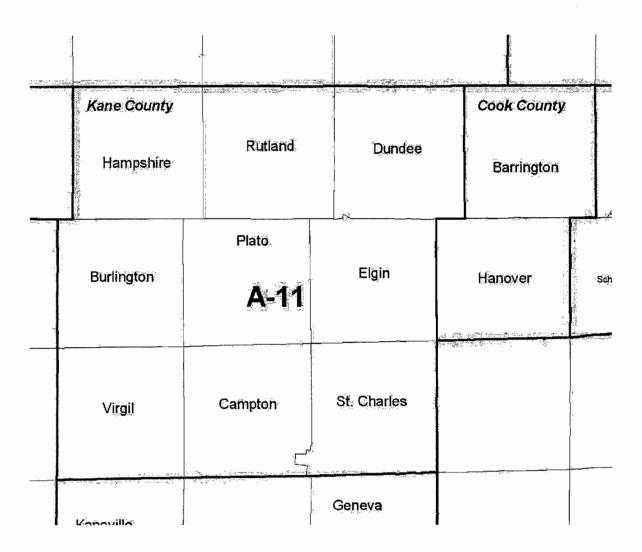


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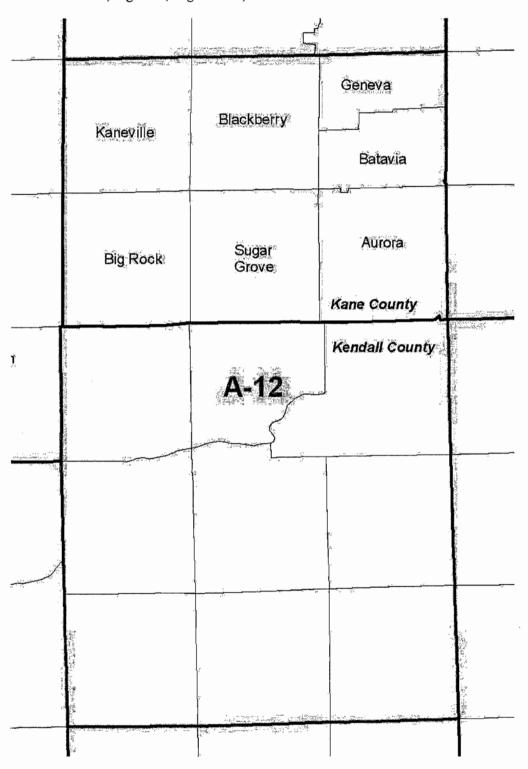
J) Planning Area A-10: McHenry County.



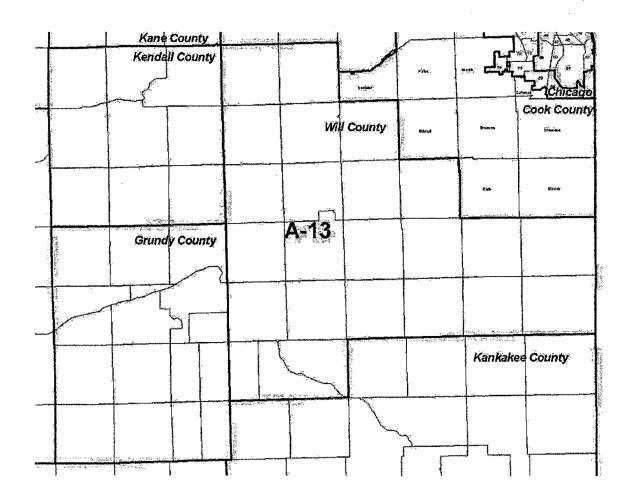
K) Planning Area A-11: Cook County Townships of Barrington and Hanover; Kane County Townships of Hampshire, Rutland, Dundee, Burlington, Plato, Elgin, Virgil, Campton and St. Charles.



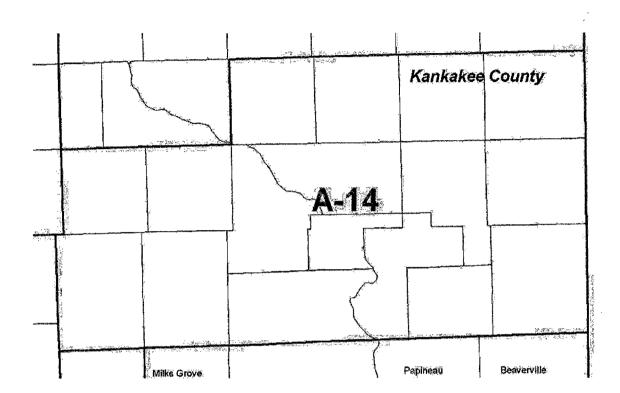
L) Planning Area A-12: Kendall County; Kane County Townships of Kaneville, Black Berry, Aurora, Big Rock, Sugar Grove, Batavia and Geneva.



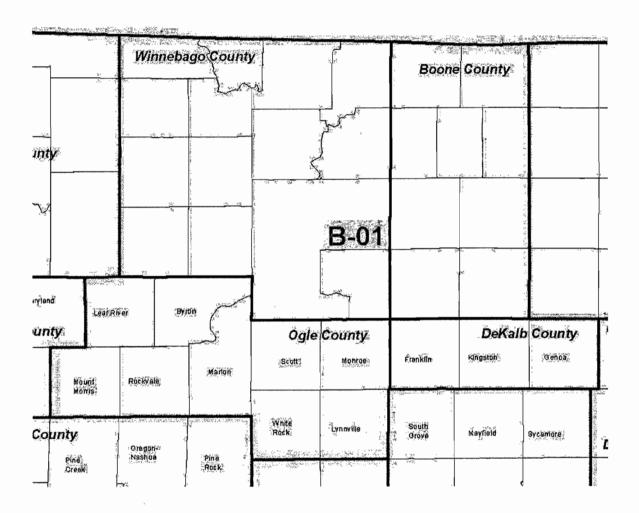
M) Planning Area A-13: Grundy and Will Counties.



N) Planning Area A-14: Kankakee County.

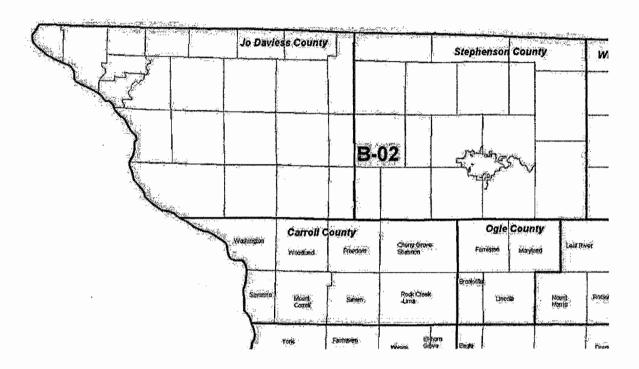


- 2) Region B (comprised of Health Service Area 1)
 - A) Planning Area B-1: Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River and Mount Morris.

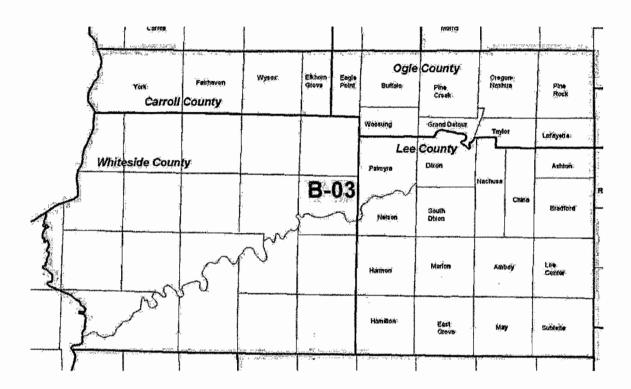


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B) Planning Area B-2: Jo Daviess and Stephenson Counties; Ogle County Townships of Forreston, Maryland, Lincoln, and Brookville; Carroll County Townships of Washington, Savanna, Woodland, Mount Carroll, Freedom, Salem, Cherry Grove-Shannon and Rock Creek-Lima.



C) Planning Area B-3: Whiteside County; Lee County Townships of Palmyra, Nelson, Harmon, Hamilton, Dixon, South Dixon, Marion, East Grove, Nachusa, China, Amboy, May, Ashton, Bradford, Lee Center, and Sublette; Carroll County Townships of York, Fairhaven, Wysox, and Elkhorn Grove; Ogle County Townships of Eagle Point, Buffalo, Pine Creek, Woosung, Grand Detour, Oregon, Nashua, Taylor, Pine Rock and Lafayette.

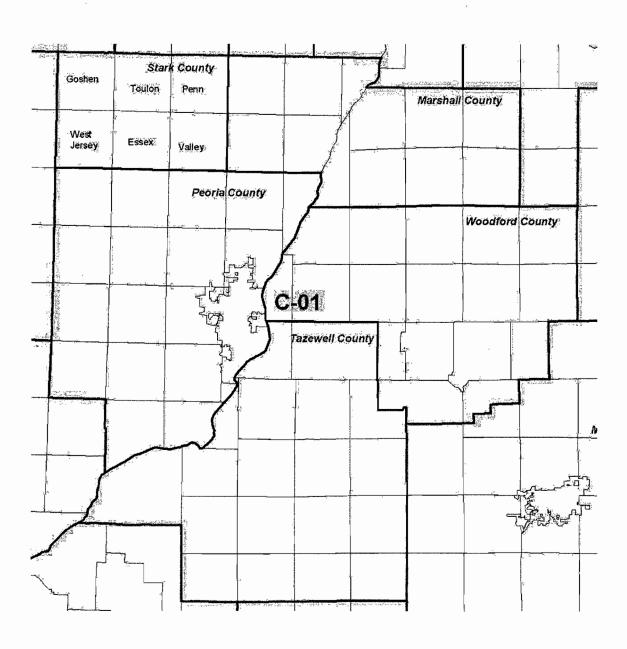


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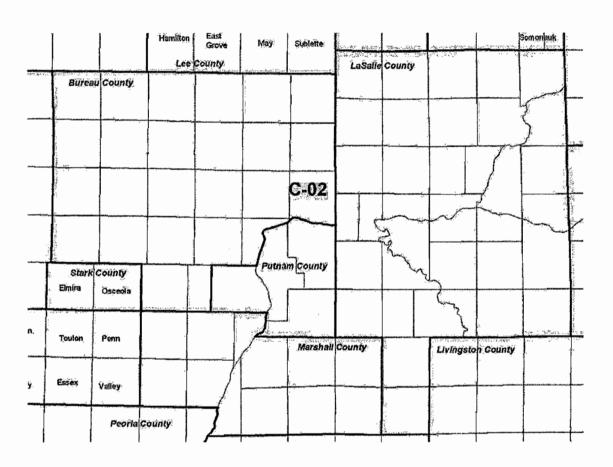
D) Planning Area B-4: Lee County Townships of Reynolds, Alto, Viola, Willow Creek, Brooklyn, and Wyoming; DeKalb County Townships of Paw Paw, Victor, Somonauk, Sandwich, Shabbona, Clinton, Squaw Grove, Milan, Afton, Pierce, Malta, DeKalb, Cortland, Mayfield, South Grove and Sycamore; Ogle County Townships of Flagg and Dement.

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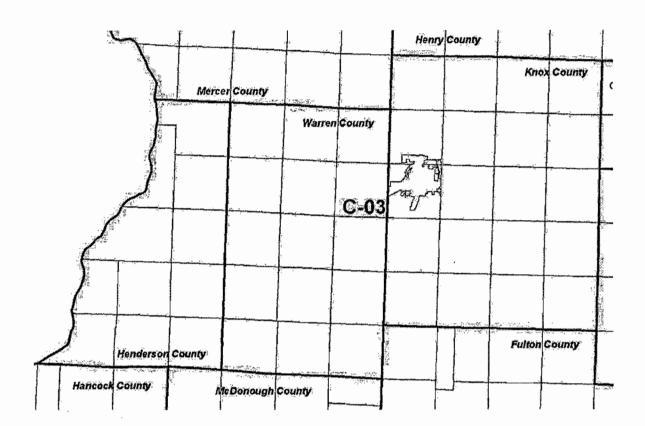
- 3) Region C (comprised of Health Service Areas 2 and 10)
 - A) Planning Area C-1: Woodford, Peoria, Tazwell, and Marshall Counties; Stark County Townships of Goshen, Toulon, Penn, West Jersey, Valley and Essex.



B) Planning Area C-2: LaSalle, Bureau, and Putnam Counties; Stark County Townships of Elmira and Osceola.



C) Planning Area C-3: Henderson, Warren and Knox Counties.



D) Planning Area C-4: McDonough and Fulton Counties.

